Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF MICHIGAN	-	
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	rt 1:	Identify Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	You	ır full name		
	Writ	te the name that is on	Sara	
		r government-issued ure identification (for	First name	First name
	exa	mple, your driver's	Kay	
	licer	nse or passport).	Middle name	Middle name
		g your picture	Johnson	
		ntification to your eting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	use Inclu	other names you have d in the last 8 years ude your married or den names.	FKA Sara Plotts	
3.	you nun Indi	y the last 4 digits of r Social Security nber or federal vidual Taxpayer ntification number	xxx-xx-0462	

Debtor 1 Sara Kay Johnson

Case number (if known)

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs. Business name(s)	☐ I have not used any business name or EINs. Business name(s)
	EINs	EINs
Where you live	20480 Old Homestead Harper Woods, MI 48225	If Debtor 2 lives at a different address:
	Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		County
	If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
	Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)
	Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names Where you live Why you are choosing this district to file for	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names EINS Business name(s) EINS Where you live 20480 Old Homestead Harper Woods, MI 48225 Number, Street, City, State & ZIP Code Wayne County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing this district to file for bankruptcy Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason.

Deb	otor 1 Sara Kay Johnson	1			Case number (if known)		
Par	t 2: Tell the Court About						
7.	The chapter of the Bankruptcy Code you are choosing to file under			description of each, see <i>Notice Required by</i> to the top of page 1 and check the appropriate	11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy te box.		
	· ·	Chapte	r 7				
		☐ Chapte	r 11				
		☐ Chapte	r 12				
		☐ Chapte	r 13				
8.	How you will pay the fee	abou ordei	t how you m	ay pay. Typically, if you are paying the fee yoney is submitting your payment on your beh	ck with the clerk's office in your local court for more details ourself, you may pay with cash, cashier's check, or money alf, your attorney may pay with a credit card or check with		
					on, sign and attach the Application for Individuals to Pay		
			_	Installments (Official Form 103A).	a anly if you are filing for Chapter 7. By law, a judge may		
		but is appli	s not require es to your fa	to, waive your fee, and may do so only if your nily size and you are unable to pay the fee i	n only if you are filing for Chapter 7. By law, a judge may, our income is less than 150% of the official poverty line that installments). If you choose this option, you must fill out cial Form 103B) and file it with your petition.		
9.	Have you filed for	■ No.	■ No.				
	bankruptcy within the last 8 years?	☐ Yes.					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		District	When	Case number		
			District	When	Case number		
			District	When	Case number		
10.	Are any bankruptcy	■ No					
	cases pending or being filed by a spouse who is	☐ Yes.					
	not filing this case with you, or by a business partner, or by an affiliate?	Li Tes.					
			Debtor		Relationship to you		
			District	When	Case number, if known		
			Debtor		Relationship to you		
			District	When	Case number, if known		
11.	Do you rent your residence?	■ No.	Go to line	2.			
	residence:	☐ Yes.	Has your la	ndlord obtained an eviction judgment agains	st you?		
			□ No	Go to line 12.			
			_ Ye		Judgment Against You (Form 101A) and file it as part of		

Deb	tor 1 Sara Kay Johnson	n	Case number (if known)	
ar	Report About Any Bu	ısinesses	ou Own as a Sole Proprietor	
2.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to Part 4.	
		☐ Yes.	Name and location of business	
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any	
	If you have more than one sole proprietorship, use a		Number, Street, City, State & ZIP Code	
	separate sheet and attach it to this petition.		Check the appropriate box to describe your business:	
			☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))	
			☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))	
			☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))	
			☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))	
			☐ None of the above	
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadline operation	filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate that you are a small business debtor, you must attach your most recent balance sheet, statement, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the process. 1116(1)(B).	ent of
	For a definition of small	■ No.	I am not filing under Chapter 11.	
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankru Code.	ıptcy
		☐ Yes.	I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy (Code.
Par	t 4: Report if You Own or	· Have Anv	Hazardous Property or Any Property That Needs Immediate Attention	
	Do you own or have any	■ No.		
	property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety?	Yes.	What is the hazard?	
	Or do you own any property that needs immediate attention?		If immediate attention is needed, why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?	
	•		Number, Street, City, State & Zip Code	
_				

Debtor 1 Sara Kay Johnson

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Deb	tor 1 Sara Kay Johnson	1		Case number	er (if known)
Part	6: Answer These Questi	ons for Re	porting Purposes		
16.	What kind of debts do you have?			sumer debts? Consumer debts are defnal, family, or household purpose."	ined in 11 U.S.C. § 101(8) as "incurred by an
			☐ No. Go to line 16b.		
			Yes. Go to line 17.		
				iness debts? Business debts are debts ment or through the operation of the bus	
			☐ No. Go to line 16c.		
			☐ Yes. Go to line 17.		
		16c.	State the type of debts you own	e that are not consumer debts or busines	ss debts
17.	Are you filing under Chapter 7?	□ No.	am not filing under Chapter 7.	. Go to line 18.	
	Do you estimate that after any exempt property is excluded and			you estimate that after any exempt prop lable to distribute to unsecured creditors	perty is excluded and administrative expenses ?
	administrative expenses are paid that funds will		No		
	be available for distribution to unsecured creditors?		□ Yes		
18.	How many Creditors do	1 -49		1 ,000-5,000	25,001-50,000
	you estimate that you owe?	□ 50-99		☐ 5001-10,000	50,001-100,000
		☐ 100-199 ☐ 200-999		□ 10,001-25,000	☐ More than100,000
19.	How much do you	■ \$0 - \$5	0.000	☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion
	estimate your assets to be worth?		1 - \$100,000	□ \$10,000,001 - \$50 million	☐ \$1,000,000,001 - \$10 billion
			01 - \$500,000	□ \$50,000,001 - \$100 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion
		□ \$500,00	01 - \$1 million	□ \$100,000,001 - \$500 million	in More than \$50 billion
20.	How much do you	□ \$0 - \$50	0,000	□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion
	estimate your liabilities to be?	+ ,	1 - \$100,000	□ \$10,000,001 - \$50 million	\$1,000,000,001 - \$10 billion
			01 - \$500,000 01 - \$1 million	☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion
Part	7: Sign Below				
For	you	I have exa	mined this petition, and I decla	re under penalty of perjury that the infor	mation provided is true and correct.
				am aware that I may proceed, if eligible ef available under each chapter, and I cl	, under Chapter 7, 11,12, or 13 of title 11, hoose to proceed under Chapter 7.
				t pay or agree to pay someone who is no notice required by 11 U.S.C. § 342(b).	ot an attorney to help me fill out this
		I request re	elief in accordance with the cha	apter of title 11, United States Code, spe	ecified in this petition.
		bankruptcy and 3571.	/ case can result in fines up to		or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519,
		Sara Kay	Kay Johnson y Johnson of Debtor 1	Signature of Debto	or 2
		Executed	on November 30, 2019	Executed on	
			MM / DD / YYYY	MN	I / DD / YYYY

Debtor 1	Sara Kay Johnson	Case number (if known)	

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Charissa Potts	Date	November 30, 2019
Signature of Attorney for Debtor		MM / DD / YYYY
Charissa Potts (P73247)		
Freedom Law, PC		
Kennedy Building 18121 E. Eight Mile Rd., Suite 301		
Eastpointe, MI 48021		
Number, Street, City, State & ZIP Code		
Contact phone 313-887-0807	Email address	info@freedomlawpc.com
(P73247) MI		
Bar number & State		

Fill	in this inform	ation to identify your case:				
Deb	otor 1	Sara Kay Johnson				
Deh	otor 2	First Name	Middle Name	Last Name		
	use if, filing)	First Name	Middle Name	Last Name		
Unit	ed States Ban	kruptcy Court for the: EA	STERN DISTRICT OF	MICHIGAN		
1	e number				_ 0	
(if kn	own)					ck if this is an nded filing
•						
Of	ficial For	m 106Sum				
Su	mmary o	f Your Assets and	Liabilities and	d Certain Statistical Information		12/15
info	mation. Fill o	ut all of your schedules fire	st; then complete the	are filing together, both are equally responsible for einformation on this form. If you are filing ameno the box at the top of this page.		
Par	1: Summa	rize Your Assets				
						assets of what you own
1.	Schedule A/ 1a. Copy line	B: Property (Official Form 16 55, Total real estate, from S)6A/B) chedule A/B		\$	0.00
	1b. Copy line	62, Total personal property,	from Schedule A/B		\$	36,510.10
	1c. Copy line	63, Total of all property on S	schedule A/B		\$	36,510.10
Par	2: Summa	rize Your Liabilities				
						liabilities nt you owe
2.		Creditors Who Have Claims total you listed in Column A,		(Official Form 106D) ne bottom of the last page of Part 1 of <i>Schedule D</i>	\$	19,000.00
3.		F: Creditors Who Have Unsectoral claims from Part 1 (price		Form 106E/F) s) from line 6e of <i>Schedule E/F</i>	\$	12,000.00
	3b. Copy the	e total claims from Part 2 (nor	npriority unsecured cla	aims) from line 6j of Schedule E/F	\$	30,375.81
				Your total liabilities	\$	61,375.81
Par	3: Summa	rize Your Income and Expe	enses			
4.		Your Income (Official Form 10 mbined monthly income from	,	<i>I</i>	\$	6,638.51
5.		Your Expenses (Official Form onthly expenses from line 22			\$	6,579.00
Par	4: Answer	These Questions for Adm	inistrative and Statis	stical Records		
6.	•	g for bankruptcy under Cha	•	eck this box and submit this form to the court with yo	our other so	chedules.
7.	YesWhat kind o	f debt do you have?				
	■ Your de			ebts are those "incurred by an individual primarily for	a persona	l, family, or

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Summary of Your Assets and Liabilities and Certain Statistical Information Official Form 106Sum

page 1 of 2

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 7,531.87

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total o	laim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	12,000.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	4,528.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	16,528.00

	or 1	Sara Kay Johnson	1			
		First Name		Name Last Name		
	or 2 se, if filing)	First Name	Middle	Name Last Name		
Jnite	ed States Ban	kruptcy Court for the:	EASTERN	DISTRICT OF MICHIGAN		
ase	e number					☐ Check if this is a
						amended filing
)ff	icial For	m 106A/B				
		A/B: Prope	ertv			12/15
				an asset only once. If an asset fits in more than on	e category, list the asset	
	er every questi	ion.	•	heet to this form. On the top of any additional page		
Do	you own or ha	ave any legal or equitable	interest in a	ny residence, building, land, or similar property?		
	No. Go to	Part 2.				
	☐ Yes. Wh	ere is the property?				
.1				What is the property? Check all that apply	Do not deduct secured	claims or exemptions. Put
-	Street address, if available, or other description			☐ Single-family home	the amount of any secu	red claims on Schedule D: laims Secured by Property.
	·	, , , , , , , , , , , , , , , , , , , ,		Duplex or multi-unit building	Current value of the entire property?	Current value of the portion you own?
-	City	State ZIP Code	ZIP Code	☐ Condominium or cooperative	\$	\$
				☐ Manufactured or mobile home		
				☐ Land		
				☐ Investment property		
				—		
				☐ Timeshare		
				Other		f your ownership interest enancy by the entireties, c
						enancy by the entireties, o
				Other Who has an interest in the property? Check	(such as fee simple, to	enancy by the entireties, c
				Other Who has an interest in the property? Check one	(such as fee simple, to	enancy by the entireties, o
-	County			Other Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	(such as fee simple, to a life estate), if known	enancy by the entireties, o
-	County			☐ Other Who has an interest in the property? Check one ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	(such as fee simple, to a life estate), if known Check if this is considered (see instructions)	enancy by the entireties, c
-	County			Other Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this ite	(such as fee simple, to a life estate), if known Check if this is considered (see instructions)	enancy by the entireties, c
	County			☐ Other Who has an interest in the property? Check one ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	(such as fee simple, to a life estate), if known Check if this is considered (see instructions)	enancy by the entireties, o

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Debt	or 1 S	ara Kay Jo	hnson		Case number (if known)	
3. C a	ırs, vans,	trucks, trac	tors, sport utility ve	hicles, motorcycles		
	No					
	Yes					
3.1	Make:	Chrysler		Who has an interest in the property? Check one	Do not deduct sect	ured claims or exemptions. Put
5.1	Model:	Pacifica		Debtor 1 only		secured claims on Schedule D: /e Claims Secured by Property.
	Year:	2017		☐ Debtor 2 only		
		nate mileage:	50000	Debtor 1 and Debtor 2 only	Current value of t entire property?	he Current value of the portion you own?
	Other inf	formation:		☐ At least one of the debtors and another		
	Vehicle	e		☐ Check if this is community property (see instructions)	\$19,000	.00 \$19,000.00
5 A	ages you	have attach		rn for all of your entries from Part 2, including that number hereems		\$19,000.00
Do y	ou own o	or have any l	egal or equitable in	terest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	xamples: No	goods and f Major appliar	rurnishings nces, furniture, linens	, china, kitchenware		
			Household Furn	niture - Living room, bedroom		\$2,000.00
			Guns			\$300.00
E:	No	Televisions a	phones, cameras, m	eo, stereo, and digital equipment; computers, pri nedia players, games pusehold and personal; TVs, DVD player		
			stereo system,	phone, etc		\$2,000.00
E.	xamples:		figurines; paintings, ons, memorabilia, co	prints, or other artwork; books, pictures, or other illectibles	r art objects; stamp, coin,	or baseball card collections;
		scribe				
ت	163. DE	301 IDE				

Debtor 1	Sara Kay Jo	hnson		Case number (if known	n)
	oment for sports an opples: Sports, photo musical instru	graphic, exercise,	and other hobby equipment; bicycles, pool	tables, golf clubs, skis; canoe	s and kayaks; carpentry tools;
■ No					
□ Ye	s. Describe				
■ No	<i>mples:</i> Pistols, rifles	s, shotguns, ammu	nition, and related equipment		
LIYE	es. Describe				
□ No	mples: Everyday clo	othes, furs, leather	coats, designer wear, shoes, accessories		
		Clothing and	personal effects		\$500.00
		Olouming and	personal enects		
■ No	mples: Everyday je	welry, costume jew	elry, engagement rings, wedding rings, hei	irloom jewelry, watches, gems	gold, silver
Exa ■ No	-farm animals mples: Dogs, cats, l os. Describe	birds, horses			
■ No)		s you did not already list, including any	health aids you did not list	
LIYE	es. Give specific info	ormation			
			ies from Part 3, including any entries for		\$4,800.00
	Describe Your Finance		to town of the fall position O		Owner to selve of the
Do you	own or have any lo	egal or equitable	interest in any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
■ No	<i>mples:</i> Money you h	•	, in your home, in a safe deposit box, and c	on hand when you file your pet	ition
	institutions.		ancial accounts; certificates of deposit; sha e accounts with the same institution, list ea		e houses, and other similar
Ye	ng .		Institution name:		

Official Form 106A/B Schedule A/B: Property page 3

Debte	or 1	Sara Kay Johns	son		Case number (if known)	
			17.1.	PrePaid Debit	US Bank Account Number Ending: 8243	\$9.55
			17.2.	Checking	Chase Account ending in: 6162	\$0.00
			17.3.		Michigan First Credit Union	\$200.00
E		mutual funds, or ples: Bond funds, inv			rage firms, money market accounts	
				Institution or issuer nan	ne:	
j(■	oint ve No	enture	nation	interests in incorporate about themne of entity:	ted and unincorporated businesses, including an interest in an % of ownership: %	LLC, partnership, and
^ ^	legotia Ion-ne No	able instruments inc	lude posterion ation a	personal checks, cashie those you cannot transf	ble and non-negotiable instruments rs' checks, promissory notes, and money orders. er to someone by signing or delivering them.	
	Examp No	nent or pension ac les: Interests in IRA	, ERIS	SA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans	
		•	Type	of account:	Institution name: Pension - Detroit Retirement	\$0.00
Y E	′our sh E <i>xamp</i> No		eposit	s you have made so that	at you may continue service or use from a company slic utilities (electric, gas, water), telecommunications companies, or Institution name or individual:	
	nnuiti No	es (A contract for a	perio	dic payment of money to	o you, either for life or for a number of years)	
	Yes			e and description.		
		First	Inde	ependent Bank		\$10,000.00
26	U.S.C	s in an education I C. §§ 530(b)(1), 529			ified ABLE program, or under a qualified state tuition program.	
	No Yes	Institu	ution r	name and description. S	reparately file the records of any interests.11 U.S.C. § 521(c):	

Schedule A/B: Property Official Form 106A/B page 4

Debtor 1	Sara Kay Johnson		Case number (if known)	
■ No	s, equitable or future interests Give specific information abou		ng listed in line 1), and rights or powers exerc	isable for your benefit
Exam ■ No	pples: Internet domain names, w	ade secrets, and other intellectuebsites, proceeds from royalties aut them		
Exam ■ No □ Yes.		e licenses, cooperative association	n holdings, liquor licenses, professional licenses	Current value of the
woney or	property owed to you?			portion you own? Do not deduct secured claims or exemptions.
■ No	rfunds owed to you Give specific information abou	them, including whether you alre	ady filed the returns and the tax years	
■ No		nony, spousal support, child suppo	ort, maintenance, divorce settlement, property se	ottlement
Exam □ No	amounts someone owes you ples: Unpaid wages, disability in benefits; unpaid loans you. . Give specific information		efits, sick pay, vacation pay, workers' compensa	
		Funds Garnished From De	ebtor's Wages in 90 Days Pre-filling	\$2,500.55
Exam ■ No			HSA); credit, homeowner's, or renter's insurance	3
⊔ Yes.		of each policy and list its value. by name:	Beneficiary:	Surrender or refund value:

Official Form 106A/B Schedule A/B: Property page 5

De	ebtor 1	Sara Kay Johnson	Case number (if known)	
32.	If you	terest in property that is are the beneficiary of a lib one has died.	s due you from someone who has died ving trust, expect proceeds from a life insurance policy, or are currently entitled to rece	ive property because
	■ No			
	☐ Yes.	Give specific information	l	
		·		
33.	Claims Examp	s against third parties, voles: Accidents, employm	whether or not you have filed a lawsuit or made a demand for payment ent disputes, insurance claims, or rights to sue	
	■ No			
	☐ Yes.	Describe each claim		
_				
34.	Other o	contingent and unliquic	ated claims of every nature, including counterclaims of the debtor and rights to	set off claims
	☐ Yes.	Describe each claim		
35.	Any fir	nancial assets you did r	ot already list	
	☐ Yes.	Give specific information	1	
		·		
36			your entries from Part 4, including any entries for pages you have attached here	\$12,710.10
Pa	rt 5: De	scribe Any Business-Relat	ed Property You Own or Have an Interest In. List any real estate in Part 1.	
		own or have any legal or e	quitable interest in any business-related property?	
l	☐ Yes. (Go to line 38.		
				Current value of the portion you own? Do not deduct secured claims or exemptions.
38	Accou	nts receivable or comm	issions you already earned	
00.	□No	Describe		
39.		equipment, furnishings		
		ples: Business-related co	mputers, software, modems, printers, copiers, fax machines, rugs, telephones, desks,	chairs, electronic devices
	☐ No ☐ Yes.	Describe		
40.	Machir	nery, fixtures, equipmer	at, supplies you use in business, and tools of your trade	
	□ No			
	_	Describe		

Official Form 106A/B Schedule A/B: Property page 6

Debtor 1	Sara Kay Johnson	Case number (if known)	
41. Inve	ntory		
□ No			
	s. Describe		
42. Inter	ests in partnerships or joint ventures		
□ No			
☐ Ye	s. Give specific information about them	% of ownership:	
	Name of chity.		
	omer lists, mailing lists, or other compilations	%	
□ No.	our lists include personally identifiable information (as defined	d in 14 I I S C \$ 101/41A\\\2	
— ро	our lists include personally identifiable information (as defined	d III 11 U.S.C. § 101(41A))?	
	□ No		
	☐ Yes. Describe		
44. Anv	business-related property you did not already list		
-	, , , , , , , , , , , , , , , , , , , ,		
□ No □ Ye	s. Give specific information		
	s. Give speeme illicimation		
	d the dollar value of all of your entries from Part 5, incl Part 5. Write that number here		
TOF	Part 5. Write that number here		
Part 6:	Describe Any Farm- and Commercial Fishing-Related Property fyou own or have an interest in farmland, list it in Part 1.	y You Own or Have an Interest In.	
46 Do v	ou own or have any legal or equitable interest in any fa	orm- or commercial fishing-related property?	
_	o. Go to Part 7.	ann- or commercial rishing-related property:	
	es. Go to line 47.		
			Current value of the portion you own? Do not deduct secured claims or exemptions.
47. Farm	animals		
Exa	mples: Livestock, poultry, farm-raised fish		
□ No			
☐ Ye	S		
48 Cron	s—either growing or harvested		
□ No □ Ye	s. Give specific information		
40 Ear	and fishing aguinment implements mashine of fixture	ras, and tools of trade	-
49. Farm	and fishing equipment, implements, machinery, fixtur	es, and tools of trade	
□ No			

Official Form 106A/B Schedule A/B: Property page 7
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Best Case Bankruptcy

Debtor	1 Sara Kay Jo	hnson		Case number (if known)	
ПУ	es				
	00				
50. Far	m and fishing supp	olies, chemicals, and feed			
_					
	-				
ЦΥ	es				
51. An y	y farm- and comme	rcial fishing-related property you did no	ot already list		
			·		
ЦΥ	es. Give specific info	ormation			
		of all of your entries from Part 6, includ			
10	r Part 6. Write that	number here		-	
Part 7:	Describe All Pro	operty You Own or Have an Interest in That Y	ou Did Not List Above		
Tait 7.	Describe Air i	perty rou own or have an interest in rhat r	od Did Not List Above		
53. Do	you have other pro	perty of any kind you did not already lis	st?		
Ex. ■ N	•	ets, country club membership			
	-	ormation			
ш,	es. Give specific init	omiation			
54. A	dd the dollar value	of all of your entries from Part 7. Write t	hat number here		\$0.00
Part 8:	List the Totals of	Each Part of this Form			
55. P a	art 1: Total real esta	ate, line 2			\$0.00
	art 2: Total vehicles		\$19,000.00	-	
57. P a	art 3: Total persona	Il and household items, line 15	\$4,800.00		
58. P a	art 4: Total financia	l assets, line 36	\$12,710.10		
59. P a	art 5: Total busines	s-related property, line 45	\$0.00		
60. P a	art 6: Total farm- ar	nd fishing-related property, line 52	\$0.00		
61. P a	art 7: Total other pr	operty not listed, line 54	+ \$0.00		
62. T o	otal personal prope	erty. Add lines 56 through 61	\$36,510.10	Copy personal property total	\$36,510.10
63. T o	otal of all property	on Schedule A/B. Add line 55 + line 62			\$36,510.10

Fill in this info	rmation to identify y	our case:		
Debtor 1	Sara Kay Joh			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for th	ne: EASTERN DISTRICT C	F MICHIGAN	
Case number				
(if known)				☐ Check if this is an amended filing
Official Fo	orm 106C			
Schedu	le C: The F	Property You C	Claim as Exempt	4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemptions are you claiming	? Check one only, eve	n if yo	ur spouse is filing with you.	
	☐ You are claiming state and federal nonban	kruptcy exemptions.	11 U.S	S.C. § 522(b)(3)	
	■ You are claiming federal exemptions. 11 l	U.S.C. § 522(b)(2)			
2.	For any property you list on Schedule A/B	that you claim as exe	empt,	fill in the information below.	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
	Household Furniture - Living room, bedroom	\$2,000.00		\$2,000.00	11 U.S.C. § 522(d)(3)
	Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
	Guns Line from Schedule A/B: 6.2	\$300.00		\$300.00	11 U.S.C. § 522(d)(3)
	Line IIIII Schedule AVD. V.2			100% of fair market value, up to any applicable statutory limit	
	Electronics - Household and personal; TVs, DVD player,	\$2,000.00		\$2,000.00	11 U.S.C. § 522(d)(3)
	computer, stereo system, phone, etc Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit	
	Clothing and personal effects Line from Schedule A/B: 11.1	\$500.00		\$500.00	11 U.S.C. § 522(d)(3)
	Line Irom Schedule AVB. 11.1			100% of fair market value, up to any applicable statutory limit	
	PrePaid Debit: US Bank Account Number Ending: 8243	\$9.55		\$9.55	11 U.S.C. § 522(d)(5)
	Line from Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit	

Part 1: Identify the Property You Claim as Exempt

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
Checking: Chase Account ending in: 6162	\$0.00		\$0.00	11 U.S.C. § 522(d)(5)
Line from Schedule A/B: 17.2			100% of fair market value, up to any applicable statutory limit	
Michigan First Credit Union Line from Schedule A/B: 17.3	\$200.00		\$200.00	11 U.S.C. § 522(d)(5)
Line Horr Schedule A.B. 17.3			100% of fair market value, up to any applicable statutory limit	
First Independent Bank Line from Schedule A/B: 23.1	\$10,000.00		\$10,000.00	11 U.S.C. § 522(d)(10)(E)
Line IIom Schedule Arb. 23.1			100% of fair market value, up to any applicable statutory limit	
Funds Garnished From Debtor's Wages in 90 Days Pre-filling	\$2,500.55		\$2,500.55	11 U.S.C. § 522(d)(5)
Line from Schedule A/B: 30.1			100% of fair market value, up to any applicable statutory limit	
3. Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every ■ No □ Yes. Did you acquire the property cover	3 years after that for ca	ises fi	,	,
□ No □ Yes				

Debtor 1 Sara Kay Johnson First Name Middle Name Last Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name United States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIGAN Case number (if known) Check if this is an amended filing Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more spar is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Part 1: List All Secured Claims 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As mount of claim Do not deduct the value of collateral, that supports this claim If any	Fill in this information to identify	y your case:				
Debtor 2 (Sprouse it, Bing) First Name Debtor 2 (Sprouse it, Bing) First Name Middle Name Last Name						
United States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIGAN Case number (if known)			Last Name			
United States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIGAN Case number (If known) Check if this is an amended filling Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property 12/15 Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more spa is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 10 can creditor have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. 10 Yes, Fill in all of the information below. Partis: List All Secured Claims. If a creditor has more than one secured daim, list the creditor separately for each claim. If more than one creditor has more than one secured daim, list the creditor is near the count of the count with your other schedules. You have nothing else to report on this form. 10 Yes, Fill in all of the information below. 11 Column A creditor has more than one creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has more than one secured claim, list the creditor is near the collection of the creditor separately for each claim. If more than one creditor has more than one secured claim. Its the creditor separately contained the creditor separately of collecters. Separately for each claim. Its the creditor separately contained the creditor separately on an one deduct the value of colleteral. 11 Column A count of the creditor's name. 12 Column A continued an application of the property that secures the claim: 12 Column A continued an application of the property that secures the claim: 13 (19,000.00) 14 (19,000.00) 15 (19,000.00) 16 (19,000.00) 17 (19,000.00) 18 (19,000.00) 18 (19,000.00) 19 (19,000.00) 19 (19,000.00) 19 (19,000.00) 19 (19,						
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Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more spais needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case inspected, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case inspects of the count with your other schedules. You have nothing else to report on this form. 1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. 2. List all secured Claims 2. List all secured Claims. If a creditor has more than one secured daim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the orber creditors in Part 2. As a particular claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the orber creditors in Part 2. As an apply and the collater and the value of collateral that supports this calculated and the collater and the value of collateral. 2.1 Global Lending Services Creditor's Name Describe the property that secures the claim: 2017 Chrysler Pacifica 50000 miles Vehicle As of the date you file, the claim is: Check all that apply. An agreement you made (such as mortgage or secured car loan) Debtor 1 only Debtor 2 only At least one of the debtors and another property that secures the claim. Column A Amount of claim Do not deduct the value of collateral, that supports this claim supports this claim supports this claim. 2017 Chrysler Pacifica 50000 miles Vehicle As of the date you file, the claim is: Check all that apply. An agreement you made (such as mortgage or secured car loan) Debtor 1 only At least one of the debtors and another loan. Column A Amount of claim S19,000.00		oro Who Llovo Clob	ma Caaurad	hy Droport	.,	40/45
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No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Part 1: List All Secured Claims. If a creditor has a particular claim, list the creditor separately for each claim. If more than one reditor has a particular claim, list the other creditors in Part 2. As a mount of claim bo not deduct the value of collateral. 2.1 Is all secured Claims. If a creditor has a particular claim, list the creditor's name. 2.1 Global Lending Services Creditor's Name Describe the property that secures the claim: 1200 Brookfield Blvd. #300 Greenville, SC 29607 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Purchase Money Security Add the dollar value of your entries in Column A on this page. Write that number here: \$19,000.00	is needed, copy the Additional Page,					
Part 1: List All Secured Claims 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name. 2.1 Global Lending Services Creditor's Name 2017 Chrysler Pacifica 50000 miles Vehicle 1200 Brookfield Blvd. #300 Greenville, SC 29607 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 3 only Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number Column A Anount of claim bo not deduct the value of collateral that supports this claim S19,000.00 \$19,000.00 \$0.00 Column B Anount of claim bo not deduct the value of collateral that supports with claim is claim in the value of collateral that supports with claim is claim. \$19,000.00 \$19,000.00 \$0.00 \$0.00 Column B Anount of claim bo not deduct the value of collateral that supports with claim is claim. S19,000.00 \$19,000.00 \$0.00 \$0.00 \$0.00 Column B Anount of claim bo not deduct the value of collateral that supports with claim is claim. S19,000.00 \$0.00 \$0.00 Column B Anount of claim bo not deduct the value of collateral that supports with claim is claim. S19,000.00 \$0.00 \$0.00 Column C Anount of claim bo not deduct the value of collateral that supports with claim is claim. S19,000.00 \$0.00 \$0.00 Column C Anount of claim bo not deduct the value of collateral that supports with claim is claim. S19,000.00 \$0.00 Collateral that supports with claim is claim. S19,000.00 \$0.00 Collateral that supports with claim is claim. S19,000.00 \$0.00 Collateral that supports with claim is claim. S19,000.00 Collateral that supports with claim is claim. S19,000.00 Collateral that supports with claim is claim. S19,000.00 Collateral	1. Do any creditors have claims secur	ed by your property?				
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for each claim. If more than one creditor has a particular claim, list the other creditor's name. 2.1 Global Lending Services Creditor's Name Do not deduct the value of collateral that supports this claim Do not deduct the value of collateral. \$19,000.00 \$19,000.00 \$0				Column A	Column B	Column C
Claim Services Describe the property that secures the claim: \$19,000.00 \$19,000.00 \$0.00				Amount of claim	Value of collateral	Unsecured
Describe the property that secures the claim: \$19,000.00 \$				Do not deduct the	• •	•
Creditor's Name 1200 Brookfield Blvd. #300 Greenville, SC 29607 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred As of the date you file, the claim is: Check all that apply. Contingent Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Purchase Money Security Add the dollar value of your entries in Column A on this page. Write that number here: If this is the last page of your form, add the dollar value totals from all pages.	2.1 Global Lending Services	Describe the property that se	cures the claim:			\$0.00
1200 Brookfield Blvd. #300 Greenville, SC 29607 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred As of the date you file, the claim is: Check all that apply. Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Purchase Money Security Add the dollar value of your entries in Column A on this page. Write that number here: If this is the last page of your form, add the dollar value totals from all pages.		2017 Chrysler Pacifica		4 10,00000		
#300 Greenville, SC 29607 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred Add the dollar value of your entries in Column A on this page. Write that number here: If this is the last page of your form, add the dollar value totals from all pages. As of the date you file, the claim is: Check all that apply. Chock all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Purchase Money Security Add the dollar value of your entries in Column A on this page. Write that number here: \$19,000.00	1200 Brookfield Blvd.	verlicie				
Greenville, SC 29607 Number, Street, City, State & Zip Code Unliquidated Disputed			aim is: Check all that			
Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred Add the dollar value of your entries in Column A on this page. Write that number here: If this is the last page of your form, add the dollar value totals from all pages. Disputed Nature of lien. Check all that apply.	Greenville, SC 29607					
Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number Add the dollar value of your entries in Column A on this page. Write that number here: If this is the last page of your form, add the dollar value totals from all pages. Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Purchase Money Security Purchase Money Security Add the dollar value of your entries in Column A on this page. Write that number here: \$19,000.00	Number, Street, City, State & Zip Code	☐ Unliquidated				
Debtor 1 only						
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Community debt Date debt was incurred Last 4 digits of account number Add the dollar value of your entries in Column A on this page. Write that number here: If this is the last page of your form, add the dollar value totals from all pages.	Who owes the debt? Check one.	Nature of lien. Check all that	apply.			
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number Add the dollar value of your entries in Column A on this page. Write that number here: If this is the last page of your form, add the dollar value totals from all pages. \$\text{Statutory lien (such as tax lien, mechanic's lien)}{\text{Purchase Money Security}} Purchase Money Security \$\text{Statutory lien (such as tax lien, mechanic's lien)}{\text{Purchase Money Security}} Add the dollar value of your entries in Column A on this page. Write that number here: \$\text{\$19,000.00}{\text{\$19,000.00}} \$\text{\$19,000.00} \$\text{\$19,000.00} \$\text{\$19,000.00} \$\text{\$19,000.00} \$\text{\$19,000.00} \$\text{\$19,000.00} \$\text{\$19,000.00}	Debtor 1 only		uch as mortgage or secu	ired		
At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number Add the dollar value of your entries in Column A on this page. Write that number here: If this is the last page of your form, add the dollar value totals from all pages.	_ ′					
Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number Add the dollar value of your entries in Column A on this page. Write that number here: If this is the last page of your form, add the dollar value totals from all pages.	,	• •				
Community debt Date debt was incurred Last 4 digits of account number Add the dollar value of your entries in Column A on this page. Write that number here: \$19,000.00 If this is the last page of your form, add the dollar value totals from all pages. \$19,000.00	_			0 4		
Add the dollar value of your entries in Column A on this page. Write that number here: \$19,000.00 If this is the last page of your form, add the dollar value totals from all pages. \$19,000.00		Other (including a right to or	ffset) Purchase M	oney Security		
If this is the last page of your form, add the dollar value totals from all pages.	Date debt was incurred	Last 4 digits of accour	nt number			
If this is the last page of your form, add the dollar value totals from all pages.						
	Add the dollar value of your entries	in Column A on this page. Write th	at number here:	\$19,00	00.00	
		add the dollar value totals from all	pages.	\$19,00	00.00	
Part 2: List Others to Be Notified for a Debt That You Already Listed	Part 2: List Others to Be Notific	ed for a Debt That You Already	Listad			

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

Fill in this inform	nation to identify your cas	se:					
Debtor 1							
Debior 1	Sara Kay Johnson First Name	Middle Name	Last Name				
Debtor 2							
(Spouse if, filing)	First Name	Middle Name	Last Name				
United States Ban	nkruptcy Court for the: _E	ASTERN DISTRICT O	MICHIGAN				
Case number							
(if known)						☐ Check	if this is an
						amend	ed filing
Official Form	106F/F						
	/F: Creditors Wh	n Have Unsecu	red Claims	2			12/15
	accurate as possible. Use F					DDIODITY -1-1 11	
name and case num	tinuation Page to this page. Inber (if known). I of Your PRIORITY Unse	•	i to report in a Pa	rt, do not f	ile that Part. On the to	op of any additional	oages, write your
	rs have priority unsecured c	laims against you?					
☐ No. Go to Pa	art 2.						
Yes.							
2. List all of your identify what typ possible, list the	priority unsecured claims. If se of claim it is. If a claim has be claims in alphabetical order a han one creditor holds a partic	oth priority and nonpriority coording to the creditor's na	amounts, list that c ame. If you have m	aim here a	nd show both priority a	nd nonpriority amount	s. As much as
(For an explanat	tion of each type of claim, see	the instructions for this forr	n in the instruction	booklet.)	Total claim	Priority amount	Nonpriority amount
2.1 IRS		Last 4 digits of	account number	8576	\$9,000.00		
Priority Cro	ditor's Name					\$9,000.00	\$0.00
•						\$9,000.00	\$0.00
P.O. Box	x 7346	When was the o	lebt incurred?			49,000.00	\$0.00
P.O. Box Philadel			lebt incurred?		II that apply	\$9,000.00	\$0.00
P.O. Box Philadel Number Str	x 7346 phia, PA 19101				II that apply	\$9,000.00	\$0.00
P.O. Box Philadel Number Str	x 7346 phia, PA 19101 reet City State Zip Code the debt? Check one.	As of the date y			II that apply	<u>\$9,000.00</u>	\$0.00
P.O. Box Philadel Number Str Who incurred	x 7346 phia, PA 19101 reet City State Zip Code the debt? Check one.	As of the date y Contingent Unliquidated			II that apply	\$9,000.00	\$0.00
P.O. Boy Philadel Number Str Who incurred Debtor 1 or	x 7346 phia, PA 19101 reet City State Zip Code the debt? Check one.	As of the date y Contingent Unliquidated Disputed		i s: Check a	ll that apply	\$9,000.00	\$0.00
P.O. Boy Philadel Number Str Who incurred Debtor 1 or Debtor 2 or	x 7346 phia, PA 19101 reet City State Zip Code the debt? Check one. nly	As of the date y Contingent Unliquidated Disputed	ou file, the claim TY unsecured cla	i s: Check a	II that apply	\$9,000.00	\$0.00
P.O. Boy Philadel Number Str Who incurred Debtor 1 or Debtor 2 or Debtor 1 ar	x 7346 phia, PA 19101 reet City State Zip Code I the debt? Check one. Inly Inly Ind Debtor 2 only It the debtors and another	As of the date y Contingent Unliquidated Disputed Type of PRIORI Domestic su	ou file, the claim TY unsecured cla poort obligations	is: Check a		\$9,000.00	\$0.00
P.O. Boy Philadel Number Str Who incurred Debtor 1 or Debtor 2 or Debtor 1 ar At least one	x 7346 phia, PA 19101 reet City State Zip Code the debt? Check one. nly nly nd Debtor 2 only	As of the date y Contingent Unliquidated Disputed Type of PRIORI Domestic sup	ou file, the claim TY unsecured cla	is: Check a	government	\$9,000.00	\$0.00
P.O. Boy Philadel Number Str Who incurred Debtor 1 or Debtor 2 or Debtor 1 ar At least one	x 7346 phia, PA 19101 reet City State Zip Code the debt? Check one. Inly Inly Ind Debtor 2 only e of the debtors and another Inis claim is for a community	As of the date y Contingent Unliquidated Disputed Type of PRIORI Domestic sup	ou file, the claim TY unsecured cla port obligations ertain other debts y ath or personal inju	is: Check a	government	\$9,000.00	\$0.00

Debtor 1 Sara Kay Johnson		Case numb	er (if known)		
2.2 State of Michigan	Last 4 digits of account number		\$3,000.00	\$3,000.00	\$0.00
Priority Creditor's Name Office of Collections PO Box 30199 Lansing, MI 48909	When was the debt incurred?	2013-2018			
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that	t apply		
Who incurred the debt? Check one.	☐ Contingent				
■ Debtor 1 only	☐ Unliquidated				
Debtor 2 only	☐ Disputed				
☐ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cl	aim:			
☐ At least one of the debtors and another	☐ Domestic support obligations				
☐ Check if this claim is for a community debt	Taxes and certain other debts	you owe the gove	rnment		
Is the claim subject to offset?	☐ Claims for death or personal in	-			
■ No	Other. Specify				
Yes	Taxes				
Part 2: List All of Your NONPRIORITY Unsecu 3. Do any creditors have nonpriority unsecured claims No. You have nothing to report in this part. Submit to Yes.	s against you?	schedules.			
3. Do any creditors have nonpriority unsecured claim: ☐ No. You have nothing to report in this part. Submit t ☐ Yes.	s against you? this form to the court with your other alphabetical order of the creditor aim. For each claim listed, identify w	who holds each hat type of claim i	t is. Do not list claims	s already included in Part	t 1. If more
 3. Do any creditors have nonpriority unsecured claims \[\subseteq No. You have nothing to report in this part. Submit to the part of the pa	s against you? this form to the court with your other alphabetical order of the creditor aim. For each claim listed, identify w	who holds each hat type of claim i	t is. Do not list claims	s already included in Part	t 1. If more n Page of
 3. Do any creditors have nonpriority unsecured claims	s against you? this form to the court with your other alphabetical order of the creditor aim. For each claim listed, identify w	who holds each hat type of claim i than three nonprid	t is. Do not list claims	s already included in Pari ns fill out the Continuation	t 1. If more n Page of n
 3. Do any creditors have nonpriority unsecured claims No. You have nothing to report in this part. Submit to the control of the con	s against you? this form to the court with your other alphabetical order of the creditor aim. For each claim listed, identify w creditors in Part 3.If you have more	who holds each hat type of claim i than three nonprid	t is. Do not list claims	s already included in Pari ns fill out the Continuation	t 1. If more n Page of n
 3. Do any creditors have nonpriority unsecured claims	s against you? this form to the court with your other alphabetical order of the creditor aim. For each claim listed, identify w creditors in Part 3.If you have more Last 4 digits of account numl	who holds each hat type of claim i than three nonpridues	t is. Do not list claims ority unsecured claim	s already included in Pari ns fill out the Continuation	t 1. If more n Page of n
3. Do any creditors have nonpriority unsecured claims □ No. You have nothing to report in this part. Submit to □ Yes. 4. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each clathan one creditor holds a particular claim, list the other Part 2. 4.1 Advance America Nonpriority Creditor's Name 3440 E. Jefferson Ave. Detroit, MI 48207 Number Street City State Zip Code	s against you? this form to the court with your other alphabetical order of the creditor aim. For each claim listed, identify w creditors in Part 3.If you have more Last 4 digits of account numl When was the debt incurred?	who holds each hat type of claim i than three nonpridues	t is. Do not list claims ority unsecured claim	s already included in Pari ns fill out the Continuation	t 1. If more n Page of n
 Do any creditors have nonpriority unsecured claims	s against you? this form to the court with your other alphabetical order of the creditor aim. For each claim listed, identify w creditors in Part 3.If you have more Last 4 digits of account numl When was the debt incurred? As of the date you file, the cla	who holds each hat type of claim i than three nonpridues	t is. Do not list claims ority unsecured claim	s already included in Pari ns fill out the Continuation	t 1. If more n Page of n
3. Do any creditors have nonpriority unsecured claims □ No. You have nothing to report in this part. Submit to ■ Yes. 4. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each clathan one creditor holds a particular claim, list the other Part 2. 4.1 Advance America Nonpriority Creditor's Name 3440 E. Jefferson Ave. Detroit, MI 48207 Number Street City State Zip Code Who incurred the debt? Check one. ■ Debtor 1 only	s against you? this form to the court with your other alphabetical order of the creditor aim. For each claim listed, identify w creditors in Part 3.If you have more Last 4 digits of account numl When was the debt incurred? As of the date you file, the cla	who holds each hat type of claim i than three nonpridues	t is. Do not list claims ority unsecured claim	s already included in Pari ns fill out the Continuation	t 1. If more n Page of n
3. Do any creditors have nonpriority unsecured claims □ No. You have nothing to report in this part. Submit to the part of the unsecured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other part 2. 4.1 Advance America Nonpriority Creditor's Name 3440 E. Jefferson Ave. Detroit, MI 48207 Number Street City State Zip Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only	s against you? this form to the court with your other alphabetical order of the creditor aim. For each claim listed, identify w creditors in Part 3.If you have more Last 4 digits of account num! When was the debt incurred? As of the date you file, the cla	who holds each hat type of claim i than three nonpridues. 2019 aim is: Check all the seach hat type of claim is.	t is. Do not list claims ority unsecured claim	s already included in Pari ns fill out the Continuation	t 1. If more n Page of n
3. Do any creditors have nonpriority unsecured claims No. You have nothing to report in this part. Submit to the part of the unsecured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other part 2. 4.1 Advance America Nonpriority Creditor's Name 3440 E. Jefferson Ave. Detroit, MI 48207 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community	s against you? this form to the court with your other alphabetical order of the creditor aim. For each claim listed, identify w creditors in Part 3.If you have more Last 4 digits of account numl When was the debt incurred? As of the date you file, the cla Contingent Unliquidated Disputed	who holds each hat type of claim i than three nonpridues. 2019 aim is: Check all the seach hat type of claim is.	t is. Do not list claims ority unsecured claim	s already included in Pari ns fill out the Continuation	t 1. If more n Page of n
3. Do any creditors have nonpriority unsecured claims No. You have nothing to report in this part. Submit to the part of the unsecured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other part 2. 4.1 Advance America Nonpriority Creditor's Name 3440 E. Jefferson Ave. Detroit, MI 48207 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another	s against you? this form to the court with your other alphabetical order of the creditor aim. For each claim listed, identify w creditors in Part 3.If you have more Last 4 digits of account numl When was the debt incurred? As of the date you file, the cla Contingent Unliquidated Disputed Type of NONPRIORITY unsections	who holds each hat type of claim is than three nonpriduces 2019 aim is: Check all the cured claim:	t is. Do not list claims ority unsecured claim	s already included in Parins fill out the Continuation Total clair	t 1. If more n Page of n
3. Do any creditors have nonpriority unsecured claims No. You have nothing to report in this part. Submit to Yes. 4. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each clathan one creditor holds a particular claim, list the other Part 2. 4.1 Advance America Nonpriority Creditor's Name 3440 E. Jefferson Ave. Detroit, MI 48207 Number Street City State Zip Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt	s against you? this form to the court with your other alphabetical order of the creditor aim. For each claim listed, identify w creditors in Part 3.If you have more Last 4 digits of account numl When was the debt incurred? As of the date you file, the cla Contingent Unliquidated Disputed Type of NONPRIORITY unsect Student loans Obligations arising out of a	who holds each hat type of claim is than three nonpriduces 2019 aim is: Check all the cured claim:	t is. Do not list claims ority unsecured claim what apply	s already included in Parins fill out the Continuation Total clair	t 1. If more n Page of

Akron Billing Center	Last 4 digits of account number 5400	\$61.28
Nonpriority Creditor's Name 3585 Ridge Park Dr. Akron, OH 44333	When was the debt incurred? 2018	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	□ Debts to pension or profit-sharing plans, and other similar debts	
■ No □ Yes		
□ res	Other. Specify Medical	
Allied Cash Advance Nonpriority Creditor's Name	Last 4 digits of account number	\$740.00
P.O. Box 4115 Dept 282	When was the debt incurred? 2019	
Concord, CA 94524	_	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	-	
Debtor 1 only	Contingent	
Debtor 2 only	Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another	Student loans	
☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
ls the claim subject to offset?	report as priority claims	
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Notice Only	
Allied Interstate	Last 4 digits of account number	\$0.00
Nonpriority Creditor's Name 7525 W. Campus Rd. New Albany, OH 43054	When was the debt incurred? 2019	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	,	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	Student loans	
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	\square Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify Notice Only	

Debto	r 1 Sara Kay Johnson		Case number (if known)	
4.5	AMCOL Systems, Inc.	Last 4 digits of account number	5227	\$1,290.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 21625 Columbia, SC 29221 Number Street City State Zip Code Who incurred the debt? Check one.	When was the debt incurred? As of the date you file, the claim	Opened 03/19 Last Active 4/09/19 is: Check all that apply	
	Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ■ No □ Yes	☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharin ☐ Other. Specify Collection	aration agreement or divorce that you did not	
4.6	Art Van Nonpriority Creditor's Name 6500 E 14 Mile Rd. Warren, MI 48092 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim in the claim		\$0.00
	Is the claim subject to offset? ■ No □ Yes	report as priority claims Debts to pension or profit-sharin Other. Specify Notice Only	g plans, and other similar debts	
4.7	AT&T Nonpriority Creditor's Name P.O. Box 5014 Carol Stream, IL 60197 Number Street City State Zip Code Who incurred the debt? Check one.	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim	2019 is: Check all that apply	\$0.00
	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharin ☐ Other. Specify Notice Only	aration agreement or divorce that you did not ng plans, and other similar debts	

Sara Kay Johnson		Case number (if known)	
Bank of America	Last 4 digits of account number		\$0.00
Nonpriority Creditor's Name P.O. Box 15019	When was the debt incurred?	2019	
Wilmington, DE 19886 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	no or the date you me, the claim	10. Official that apply	
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify Notice Onl	у	
Caine & Weiner	Last 4 digits of account number	4128	\$213.00
Nonpriority Creditor's Name Attn: Bankruptcy 5805 Sepulveda Blvd	When was the debt incurred?	Opened 6/28/16	
Sherman Oaks, CA 91411 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	•	,	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify Collection		
Cbcs	Last 4 digits of account number	2447	\$379.00
Nonpriority Creditor's Name	_	0.0000001444/00/47	
Attn: Bankruptcy Po Box 2334	When was the debt incurred?	Opened 11/28/17	
Columbus, OH 43216			
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	

Celco Ltd	Last 4 digits of account number 3128	\$146
Nonpriority Creditor's Name 1140 Terex Rd	When was the debt incurred? Opened 12/15	
Hudson, OH 44236 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	To or the date you me, the stand to order an that appry	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Collection	
Chemical Bank	Last 4 digits of account number	\$0.
Nonpriority Creditor's Name		
14801 E 12 Mile Rd Warren, MI 48088	When was the debt incurred? 2019	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	□ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Notice Only	
		•
ChexSystems Nonpriority Creditor's Name	Last 4 digits of account number	\$0.
Customer Relations	When was the debt incurred? 2019	
7805 Hudson Rd.		
Ste 100 Saint Paul, MN 55125		
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
□ Yes	■ Other. Specify Notice Only	

r 1 Sara Kay Johnson		Case number (if known)	
Children's Hospital	Last 4 digits of account number		\$0.00
Nonpriority Creditor's Name 3901 Beaubien Street 4c19	When was the debt incurred?	2019	
Detroit, MI 48201 Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	aration agreement or divorce that you did not	
■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	Other. Specify Notice Only	<u> </u>	
Credit Acceptance	Last 4 digits of account number	3884	\$0.0
Nonpriority Creditor's Name 25505 West 12 Mile Rd Suite 3000	When was the debt incurred?	Opened 03/08 Last Active 12/28/10	
Southfield, MI 48034 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	tration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Automobile	9	
Credit Management, LP	Last 4 digits of account number	6009	\$352.0
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 118288	When was the debt incurred?	Opened 03/16	
Carrollton, TX 75011 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt		ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	a plane and other size that	
No	Debts to pension or profit-sharin	g pians, and other similar debts	
Yes	Other. Specify Collection		

Sara Kay Johnson		Case number (if known)	
Debt Recovery Solution	Last 4 digits of account number	3994	\$705
Nonpriority Creditor's Name Attn: Bankruptcy 6800 Jericho Turnpike Suite 113e Syosset, NY 11791	When was the debt incurred?	Opened 1/15/19	
Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.			
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify Collection		
Detroit Medical Center	Last 4 digits of account number		\$0
Nonpriority Creditor's Name			
3663 Woodward Ave. Suite 200	When was the debt incurred?	2019	
Detroit, MI 48201 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify Notice Only	<u>y</u>	
Diversified Members CU	Last 4 digits of account number	0200	\$13,337
Nonpriority Creditor's Name Attn: Bankruptcy		Opened 03/16 Last Active	
1480 E. Jefferson Ave. Detroit, MI 48207	When was the debt incurred?	10/24/18	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community debt	☐ Student loans☐ Obligations arising out of a sepa	aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	,	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
□Yes	Other. Specify Judgement	t	

Dr. L. Reynolds Assoc	Last 4 digits of account number	7952	\$6.3
Nonpriority Creditor's Name			Ψοι
24500 Northwestern Hwy Southfield, MI 48075	When was the debt incurred?	2018	
Number Street City State Zip Code	As of the date you file, the claim is	s: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	Contingent		
Debtor 2 only	Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:	
Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	Other. Specify Medical		
Enhanced Deceyory			\$0.
Enhanced Recovery Nonpriority Creditor's Name	Last 4 digits of account number		\$0.0
8014 Bayberry Road Jacksonville, FL 32256	When was the debt incurred?	2019	
Number Street City State Zip Code	As of the date you file, the claim is	s: Check all that apply	
Who incurred the debt? Check one.			
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt		ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
■ No	Debts to pension or profit-sharing		
Yes	Other. Specify Notice Only	·	
First Independance Bank	Last 4 digits of account number	6882	\$104.
Nonpriority Creditor's Name			****
7310 Woodward Ave, Ste 101 Detroit, MI 48202	When was the debt incurred?	2019	
Number Street City State Zip Code	As of the date you file, the claim is	s: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
\square At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
■ No	☐ Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	Other. Specify Bill		

Sara Kay Johnson	Case number (if known)	
GMAC	Last 4 digits of account number	\$2,000.
Nonpriority Creditor's Name P.O. Box 130424 Saint Paul, MN 55113	When was the debt incurred? 2019	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other. Specify Notice Only	
Harper-Hutzel Hospital	Last 4 digits of account number	\$0.
Nonpriority Creditor's Name Department 5311 Carol Stream, IL 60122-5311	When was the debt incurred? 2019	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	Contingent	
Debtor 2 only	Unliquidated	
Debtor 1 and Debtor 2 only	Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans	
☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other. Specify Notice Only	
JJ Marshall & Associates	Last 4 digits of account number	\$0.
Nonpriority Creditor's Name P.O. Box 182190 Shelby Twp, MI 48318	When was the debt incurred? 2019	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
□ Yes	■ Other. Specify Notice Only	

Linoln Automotive Financial Services	Last 4 digits of account number	7628	\$0.0
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 542000	When was the debt incurred?	Opened 08/11 Last Active 3/03/13	
Omaha, NE 68154 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify Automobile	e	
Med Business Bureau	Last 4 digits of account number	0463	\$69.0
Nonpriority Creditor's Name Attn: Bankruptcy 1460 Renaissance Dr #400		Opened 07/15	
Park Ridge, IL 60068 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
lacksquare At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	 Obligations arising out of a separement as priority claims 	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	ng plans, and other similar debts	
■ No □ Yes	Other. Specify Collection	ig plans, and other similar debts	
	· · ·		
Merchants & Medical Credit Corp Nonpriority Creditor's Name	Last 4 digits of account number	<u>7167</u>	\$1,540.0
Attn: Bankruptcy 6324 Taylor Drive	When was the debt incurred?	Opened 01/19	
Flint, MI 48507 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	,		
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing		
Yes	Other. Specify Anesthesic	Attorney St John	

Mich 1st Cu	Last 4 digits of account number	0001	\$0
Nonpriority Creditor's Name		Opened 07/17 Last Active	ve
27000 Evergreen Rd Lathrup Village, MI 48076	When was the debt incurred?	4/15/19	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	■ Other. Specify Unsecured		
Mid-Michigan Collection Bureau	Last 4 digits of account number	4357	\$120
Nonpriority Creditor's Name	Last 4 digits of account number		V.20
Attn: Bankruptcy Po Box 130	When was the debt incurred?	Opened 10/20/16	
Saint Johns, MI 49204			
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	<u> </u>		
☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured	d claim:	
Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	_	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	ng plans, and other similar debts	
Yes	■ Other. Specify _ University	Pediatricians	
Oakwood Heritage Hospital			\$0
Nonpriority Creditor's Name 10000 Telegraph Road	Last 4 digits of account number When was the debt incurred?	2019	φυ
Taylor, MI 48180	_		
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	Student loans		
debt	Obligations arising out of a sepa report as priority claims	aration agreement or divorce that you did not	
Is the claim subject to offset? ■ No	Debts to pension or profit-sharin	ng plans, and other similar debts	
Yes	Other. Specify Notice Only	У	

Official Form 106 E/F

or 1 Sara Kay Johnson Case number (if known)		
Radius Global Solutions	Last 4 digits of account number 8939	\$1,346.7
Nonpriority Creditor's Name PO Box 390905	When was the debt incurred? 2019	
Minneapolis, MN 55439 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	ne or the date you me, the chamber of look an that apply	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did report as priority claims	d not
No	\square Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Collection	
Receivables Management Partners		
(RMP)	Last 4 digits of account number 8957	\$239.0
Nonpriority Creditor's Name Attn: Bankruptcy	When was the debt incurred? Opened 07/15	
Po Box 13129	<u> </u>	
Lansing, MI 48901	- As All a large of the decade to the control of th	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did report as priority claims	d not
■ No	Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Collection	
CabaalCraft Callaga		
SchoolCraft College Nonpriority Creditor's Name	Last 4 digits of account number	\$0.0
1751 Radcliff St. Garden City, MI 48135	When was the debt incurred?	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	Contingent	
Debtor 2 only	Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community debt	Student loans	d no.4
Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did report as priority claims	I NOT
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
□Yes	■ Other. Specify Notice Only	

Sara Kay Johnson		Case number (if known)			
Southwest Credit Systems	Last 4 digits of account number	9094	\$589.00		
Nonpriority Creditor's Name 4120 International Parkway Suite 1100	When was the debt incurred?	Opened 05/19			
Carrollton, TX 75007					
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply			
Who incurred the debt? Check one.	_				
Debtor 1 only	Contingent				
Debtor 2 only	Unliquidated				
Debtor 1 and Debtor 2 only	Disputed				
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
☐ Check if this claim is for a community debt	☐ Student loans				
Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not			
■ No	☐ Debts to pension or profit-sharing	ng plans, and other similar debts			
Yes	Other. Specify Collection				
US Dept of Education	Last 4 digits of account number	4621	\$0.0		
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 16448	When was the debt incurred?	Opened 9/12/11 Last Active 9/30/11			
Saint Paul, MN 55116 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
Debtor 1 only	☐ Contingent				
☐ Debtor 2 only	☐ Unliquidated				
Debtor 1 and Debtor 2 only	☐ Disputed				
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
☐ Check if this claim is for a community	Student loans				
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not			
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts			
☐ Yes	Other. Specify				
	Educationa	ıl			
Uscb Corporation	Last 4 digits of account number	0001	\$2,610.0		
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 75 Archbald, PA 18403	When was the debt incurred?	Opened 10/18			
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
Debtor 1 only	☐ Contingent				
Debtor 2 only	☐ Unliquidated				
Debtor 1 and Debtor 2 only	☐ Disputed				
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
☐ Check if this claim is for a community	Student loans				
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims				
No	Debts to pension or profit-sharin	ng plans, and other similar debts			
		g paris, and other official dobto			
Yes	Other. Specify Collection				

Debto	or 1 Sara Kay Johnson		Case number (if kno	own)	
4.3	USDOE/GLELSI	Last 4 digits of account number	0581		\$4,528.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 7860 Madison, WI 53707	When was the debt incurred?	Opened 09/11 7/31/19	Last Active	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that app	ly	
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecur	ed claim:		
	☐ Check if this claim is for a community	Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a sep report as priority claims	paration agreement or o	divorce that you did not	
	No	☐ Debts to pension or profit-shar	ing plans, and other sir	milar debts	
	Yes	Other. Specify			
		Education	al		
Part 3	List Others to Be Notified About a De	ebt That You Already Listed			
is tr	this page only if you have others to be notified ying to collect from you for a debt you owe to s a more than one creditor for any of the debts th fied for any debts in Parts 1 or 2, do not fill out	comeone else, list the original creditor i at you listed in Parts 1 or 2, list the add	in Parts 1 or 2, then li	st the collection agency	here. Similarly, if you
	and Address District Court	On which entry in Part 1 or Part 2 did yo Line 4.19 of (<i>Check one</i>):		or? th Priority Unsecured Clair	me
	7 Harper Ave.	-		th Nonpriority Unsecured (
Harp	er Woods, MI 48225	Last 4 digits of account number	— Tare 2. Ordatoro wie	in recompliancy endocated s	Sidinio
ADT	and Address Security Services Box 371490		Part 1: Creditors wit	th Priority Unsecured Clair	
	burgh, PA 15250	Last 4 digits of account number	Part 2: Creditors wit	th Nonpriority Unsecured (Claims
Name	and Address	On which entry in Part 1 or Part 2 did yo	u list the original credit	or?	
	cksmart			th Priority Unsecured Clair	ms
Ste 2		I	Part 2: Creditors wit	th Nonpriority Unsecured (Claims
Dubi	in, OH 43016	Last 4 digits of account number			
	and Address ry University	On which entry in Part 1 or Part 2 did yo Line 4.37 of (Check one):		or? th Priority Unsecured Clair	ns
8904	Woodward Ave oit, MI 48202	, ,		th Nonpriority Unsecured (
Detri	OIL, WII 40202	Last 4 digits of account number			
Com		On which entry in Part 1 or Part 2 did yo Line 4.35 of (Check one):		or? th Priority Unsecured Clair	ms
	Box 3006	I	Part 2: Creditors wit	th Nonpriority Unsecured (Claims
Jout	heastern, PA 19398-3006	Last 4 digits of account number			
Name	and Address	On which entry in Part 1 or Part 2 did yo	u list the original credit	or?	
	sumer Energy	Line 4.10 of (<i>Check one</i>):	☐ Part 1: Creditors wit	th Priority Unsecured Clair	ms
	0 Kelly Road on Township, MI 48035	I	Part 2: Creditors wit	th Nonpriority Unsecured (Claims
Cillit	on rownship, in 40000	Last 4 digits of account number			

#B Roseville, MI 48066

Eastside Gynecology 29751 Little Mack Ave. Line **4.11** of (Check one):

On which entry in Part 1 or Part 2 did you list the original creditor?

☐ Part 1: Creditors with Priority Unsecured Claims

■ Part 2: Creditors with Nonpriority Unsecured Claims

Official Form 106 E/F

Name and Address

Schedule E/F: Creditors Who Have Unsecured Claims

Debtor 1 S	ara Kay Johnson		Case nu	mber (if known)		
		Last 4 digits of account number				
Name and Add Emergenc 3585 Ridgo Akron, OH	y Department Physician e Park Dr.	On which entry in Part 1 or Part 2 did Line 4.33 of (<i>Check one</i>):	☐ Part 1: 0	Creditors with Pr	riority Unsecured Claims onpriority Unsecured Claims	
		Last 4 digits of account number				
Name and Address Holzman Law, PLLC 28366 Franklin Rd. Southfield, MI 48034		On which entry in Part 1 or Part 2 did Line 4.19 of (<i>Check one</i>):	☐ Part 1: 0	Creditors with Pr	riority Unsecured Claims onpriority Unsecured Claims	
		Last 4 digits of account number				
Name and Add Michigan I Dept. 7743 PO Box 77 Detroit, MI	Department of Treasury 7 7000	On which entry in Part 1 or Part 2 did Line 2.1 of (Check one): Last 4 digits of account number	■ Part 1: 0	Creditors with Pr	riority Unsecured Claims onpriority Unsecured Claims	
Name and Address Navient P.O. Box 9500		On which entry in Part 1 or Part 2 did Line 4.36 of (<i>Check one</i>):	☐ Part 1: 0	Creditors with Pr	riority Unsecured Claims onpriority Unsecured Claims	
Wilkes Bai	rre, PA 18773	Last 4 digits of account number				
Name and Address Observation Emergency Physicians Akron Billing Center 3585 Ridge Park Dr.		On which entry in Part 1 or Part 2 did Line 4.2 of (<i>Check one</i>):	☐ Part 1: 0	Creditors with Pr	riority Unsecured Claims onpriority Unsecured Claims	
Akron, OH	44333	Last 4 digits of account number				
Name and Address Progressive Insurance 6300 Wilson Mills Rd. Cleveland, OH 44143		On which entry in Part 1 or Part 2 did Line 4.9 of (<i>Check one</i>):	☐ Part 1: 0	Creditors with Pr	riority Unsecured Claims onpriority Unsecured Claims	
		Last 4 digits of account number				
Name and Add St. John A P.O. Box 6 Dept 22760 Detroit, MI	nesthesiologists 17000 01	On which entry in Part 1 or Part 2 did Line 4.27 of (<i>Check one</i>):	Part 1: 0	Creditors with Pr	riority Unsecured Claims onpriority Unsecured Claims	
		Last 4 digits of account number				
Name and Address St. John Hospital 28000 Dequindre Road Warren, MI 48092		On which entry in Part 1 or Part 2 did Line 4.5 of (<i>Check one</i>):	Part 1: 0	Creditors with Pr	riority Unsecured Claims onpriority Unsecured Claims	
		Last 4 digits of account number				
Name and Address WOW Internet Cable Service 4200 International Pkwy Carrollton, TX 75007		On which entry in Part 1 or Part 2 did Line 4.16 of (<i>Check one</i>):	Part 1: 0	Creditors with Pr	riority Unsecured Claims onpriority Unsecured Claims	
		Last 4 digits of account number				
Part 4: A	dd the Amounts for Each Type of	Unsecured Claim				
	nounts of certain types of unsecured ecured claim.	claims. This information is for statisti	cal reporting		•	for each
Total	6a. Domestic support obligati	ons	6a.	\$	0.00	
claims from Part 1		ebts you owe the government nal injury while you were intoxicated	6b. 6c.	\$ 	12,000.00 0.00	

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Debtor 1 Sara Kay Johnson Case number (if known) Other. Add all other priority unsecured claims. Write that amount here. 6d. 0.00 Total Priority. Add lines 6a through 6d. 6e. 12,000.00 **Total Claim** 6f. Student loans 6f. 4,528.00 Total claims from Part 2 Obligations arising out of a separation agreement or divorce that 0.00 6g. you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6h. 0.00 Other. Add all other nonpriority unsecured claims. Write that amount 25,847.81 Total Nonpriority. Add lines 6f through 6i. 6j. 30,375.81

Fill in this infor	Fill in this information to identify your case:								
Debtor 1	Sara Kay Johnso	n							
	First Name	Middle Name	Last Name						
Debtor 2									
(Spouse if, filing)	First Name	Middle Name	Last Name						
United States Bankruptcy Court for the:		EASTERN DISTRICT C	F MICHIGAN						
Case number (if known)					☐ Check if this is an				
l -					☐ Check if this amended fili				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with Name, Number	whom you have the street, City, State and ZIF	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.3					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.4					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.5	Oity		State	ZIF Code	
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_

Fill in this in	nformation to identify your	case:		
Debtor 1	Sara Kay Johnso			
Debtor 2	First Name	Middle Name	Last Name	
(Spouse if, filing)) First Name	Middle Name	Last Name	
United State	es Bankruptcy Court for the:	EASTERN DISTRICT OF	MICHIGAN	
Case number	2r			
(if known)				☐ Check if this is an amended filing
Official	Form 106H			
	ıle H: Your Cod	obtore		40/45
Scriedi	ile n. Tour Cou	entors		12/15
ill it out, and your name a	d number the entries in the and case number (if known	boxes on the left. Attach the	he Additional Page to	n. If more space is needed, copy the Additional Page, this page. On the top of any Additional Pages, write s a codebtor.
■ No				
☐ Yes				
2 Withi	n the last 8 years, have you	Llived in a community prov	orty state or territory	? (Community property states and territories include
		, Nevada, New Mexico, Puer		
.				
_	Go to line 3.	una ar lagal aguivalent liva v	with you at the time?	
⊔ Yes.	Dia your spouse, former spo	use, or legal equivalent live w	vith you at the time?	
	_			
] No] Yes.			
_	1 fes.			
	In which community stat	e or territory did you live?		Fill in the name and current address of that person.
	City	State	Zip Code	
in line 2	2 again as a codebtor only i 06D), Schedule E/F (Officia	if that person is a guaranto	r or cosigner. Make su	your spouse is filing with you. List the person shown are you have listed the creditor on Schedule D (Official G). Use Schedule D, Schedule E/F, or Schedule G to fil
	olumn 1: Your codebtor ame, Number, Street, City, State and Z	IP Code		Column 2: The creditor to whom you owe the debt Check all schedules that apply:
3.1				☐ Schedule D, line
	ame			☐ Schedule E/F, line
				☐ Schedule G, line
Nu	umber Street			
Ci	ity	State	ZIP Code	
				Cabadula D. Ba
3.2 Na	ame			☐ Schedule D, line
				☐ Schedule E/F, line ☐ Schedule G, line
	Oler of			
Nı Ci	umber Street ity	State	ZIP Code	

Official Form 106H Schedule H: Your Codebtors Page 1 of 1 Software Copyright (c) 1996-2019 Best Case, LLC - www.bestcase.com 19-56878-pjs Doc 1 Filed 11/30/19 Entered 11/30/19 19:07:33 Page 39 of 63

	in this information to identify your									
Del	btor 1 Sara Kay J	lohnson			_					
	btor 2 buse, if filling)				_					
Uni	ited States Bankruptcy Court for th	ne: EASTERN DISTRICT	OF MICHIGAN							
	se number		_			Check	if this is:			
(lf kı	nown)					l	amende	Ū		
									ng postpetition ollowing date:	
0	fficial Form 106I					M	M / DD/ Y	YYY		
S	chedule I: Your Inc	come								12/15
atta	use. If you are separated and you had separate sheet to this form tt 1: Describe Employment Fill in your employment	n. On the top of any additi								
٠.	information.		Debtor 1				Debtor 2	or non-fi	iling spouse	
	If you have more than one job, attach a separate page with	Employment status	■ Employed				☐ Emplo	•		
	information about additional employers.		☐ Not employed	☐ Not employed			☐ Not e	mployed		
		Occupation	Police Officer							
	Include part-time, seasonal, or self-employed work.	Employer's name	City of Detroit							
	Occupation may include studen or homemaker, if it applies.	t Employer's address	P.O. Box 2549 Detroit, MI 48231							
		How long employed t	here? 11 years	}			_			
Pai	rt 2: Give Details About M	onthly Income								
	mate monthly income as of the use unless you are separated.	date you file this form. If	you have nothing to re	port for	any	line, write	\$0 in the	space. In	clude your no	n-filing
	u or your non-filing spouse have r e space, attach a separate sheet t		ombine the information	for all e	empl	oyers for th	nat perso	on on the li	ines below. If	you need
						For Debt	tor 1		btor 2 or ing spouse	
2.	List monthly gross wages, sa deductions). If not paid monthly			2.	\$	7,5	561.00	\$	N/A	-
3.	Estimate and list monthly ove	rtime pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross Income. Add	line 2 + line 3.		4.	\$	7.56	1.00	\$	N/A	

					Fo	r Debtor 1			r Debtor n-filing s		
	Сору	line 4 here	4.		\$	7,56	1.00	\$	ii iiiiig t	N/A	_
_	Liete	all nourall deductions.									
5.		all payroll deductions:			Φ.	F 4-		•		N1//	•
	5a. 5b.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans	5a 5b		\$ \$		7.63	\$_ \$		N/A	
	5c.	Voluntary contributions for retirement plans	5c		\$ -		1.46).00	\$ \$		N/A	
	5d.	Required repayments of retirement fund loans	5d		\$-		0.00	\$-		N/A	
	5e.	Insurance	5e		\$-		1.46	\$		N/A	
	5f.	Domestic support obligations	5f.		\$ -		0.00	\$		N//	
	5g.	Union dues	5 g	J.	\$		1.49	\$		N/A	
	5h.	Other deductions. Specify: Flex Spending Account	5h	1.+	\$		6.66	+ \$		N/A	-
		DPDA Union Insurance			\$_	6′	1.40	\$		N/A	<u> </u>
6.	Add t	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	1,596	6.10	\$_		N/A	4
7.	Calcu	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	5,964	1.90	\$_		N/A	<u> </u>
8.	List a 8a.	All other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a	1.	\$	(0.00	\$		N/A	A
	8b.	Interest and dividends	8b).	\$	(0.00	\$		N/A	\
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c		\$_		5.00	\$_		N/A	
	8d. 8e.	Unemployment compensation Social Security	8d 8e		\$ \$		0.00	\$_ \$		N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:			Ψ_ \$		0.00	\$_ \$		N/A	_
	8g.	Pension or retirement income	8g	J.	\$		0.00	\$		N/A	
		Net Income from Second Job									_
	8h.	Other monthly income. Specify: (security CYA)	8h	۱.+ ا	\$_	437	7.61	+ \$_		N/A	<u>\</u>
9.	Add a	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	<u> </u>	673	3.61	\$_		N	/A
10.		ulate monthly income. Add line 7 + line 9. he entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_		6,638.51	+ \$		N/A	= \$	6,638.51
11.	Includ other	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not ify:	r depe			•			Schedule	e J. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rest that amount on the Summary of Schedules and Statistical Summary of Certains							e. 12.	\$	6,638.51
13.	Do yo	ou expect an increase or decrease within the year after you file this form	1?							Comb	ined nly income
		No.									
		Yes. Explain:									

Fill	in this informa	ation to identify y	our case:					
Deb		Sara Kay Jo					c if this is:	
	tor 2							ving postpetition chapter
(Spo	ouse, if filing)					1	3 expenses as of	the following date:
Unit	ed States Bank	ruptcy Court for the	EASTE	RN DISTRICT OF MICHIG	SAN	N	MM / DD / YYYY	
	e number nown)							
		orm 106J	_					
		J: Your		ISES . If two married people ar	e filing together, he	oth are equa	lly responsible fo	12/15
info	rmation. If n		eded, atta	ch another sheet to this				
Par	<u> </u>	ribe Your House		•••				
1.	Is this a joi		ciioiu					
	■ No. Go to		in a separ	ate household?				
		No	•					
		es. Debtor 2 mu	st file Offic	al Form 106J-2, <i>Expenses</i>	for Separate House	hold of Debto	or 2.	
2.	Do you hav	e dependents?	☐ No					
	Do not list Debtor 2.	Debtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state	e the						□ No
	dependents	names.			Son		4	■ Yes □ No
					Daughter		8	■ Yes
								□ No
					Mom		66	Yes
								□ No □ Yes
3.		penses include		No				□ res
	•	of people other to d your depende	inan 🗆	Yes				
Par	t 2: Estin	nate Your Ongo	ing Month	y Expenses				
Est	imate your e	a date after the		uptcy filing date unless y y is filed. If this is a supp				
				government assistance i				
	value of suc icial Form 1		nd have inc	cluded it on Schedule I: Y	our Income		Your expe	enses
4.		or home owners nd any rent for th		ses for your residence. In	nclude first mortgage	e 4. \$		1,080.00
	If not inclu	ded in line 4:						
	4a. Real	estate taxes				4a. \$		0.00
		erty, homeowner'	s, or renter	's insurance		4b. \$		0.00
				ıpkeep expenses		4c. \$		100.00
5.		eowner's associa		dominium dues our residence, such as ho	me equity loans	4d. \$ 5. \$		0.00
٥.	Auditional	or igage payiii	cinco ioi ye	on residence, such as 110	ino equity idalis	υ. φ		0.00

Official Form 106J Schedule J: Your Expenses 19-56878-pjs Doc 1 Filed 11/30/19 Entered 11/30/19 19:07:33 Page 42 of 63

Official Form 106J Schedule J: Your Expenses 19-56878-pjs Doc 1 Filed 11/30/19 Entered 11/30/19 19:07:33 Page 43 of 63

Fill in this infor					
Debtor 1	Sara Kay Johnso	n			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
	ankruptcy Court for the:	EASTERN DISTRICT	OF MICHIGAN		
Case number					
(if known)					Check if this is an amended filing
Official Fori		ın Individua	Debtor's Sch	edules	12/15
f two married n	eonle are filing together	r both are equally respo	onsible for supplying correct	information	
ii two iiiairieu p	eopie are ming together	i, both are equally respo	disible for supplying confect	i iiii Oi iii atioii.	
Var. milet file th	ia faum whanavar var fi	la hankuuntau aahadula	a ar amandad aabadulaa Ma	skina a falaa ata	tament conceding property or
obtaining mone		n connection with a ban			atement, concealing property, or 000, or imprisonment for up to 20
obtaining mone years, or both. 1	y or property by fraud in	n connection with a ban			
obtaining mone years, or both. 1 Sig	ey or property by fraud in 18 U.S.C. §§ 152, 1341, 1 gn Below	n connection with a ban 519, and 3571.		nes up to \$250,	
obtaining mone years, or both. 1 Sig	ey or property by fraud in 18 U.S.C. §§ 152, 1341, 1 gn Below	n connection with a ban 519, and 3571.	kruptcy case can result in fi	nes up to \$250,	
obtaining mone years, or both. 1 Sig Did you pa	ey or property by fraud in 18 U.S.C. §§ 152, 1341, 1 gn Below	n connection with a ban 519, and 3571.	kruptcy case can result in fi	ruptcy forms?	
Did you pa No Yes. Under pena	ey or property by fraud in 18 U.S.C. §§ 152, 1341, 1 gn Below ay or agree to pay some	n connection with a ban 519, and 3571.	kruptcy case can result in fi	cruptcy forms? Attach Ba	ankruptcy Petition Preparer's Notice, on, and Signature (Official Form 119)
Did you pa No Yes. Under penathat they ar	ey or property by fraud in 18 U.S.C. §§ 152, 1341, 1 gn Below ay or agree to pay some Name of person alty of perjury, I declare re true and correct.	n connection with a ban 519, and 3571.	kruptcy case can result in fir	cruptcy forms? Attach Ba	ankruptcy Petition Preparer's Notice, on, and Signature (Official Form 119)
Did you pa No Yes. Under penathat they ar X /s/ Sar Sara M	ey or property by fraud in 18 U.S.C. §§ 152, 1341, 1 gn Below ay or agree to pay some Name of person alty of perjury, I declare	n connection with a ban 519, and 3571.	kruptcy case can result in fire the firm of the firm o	ruptcy forms? Attach Ba Declaration	ankruptcy Petition Preparer's Notice, on, and Signature (Official Form 119)
Did you pa No Yes. Under penathat they ar X /s/ Sar Sara K Signatu	ey or property by fraud in 18 U.S.C. §§ 152, 1341, 1 gn Below ay or agree to pay some Name of person alty of perjury, I declare re true and correct. ra Kay Johnson Kay Johnson	n connection with a ban 519, and 3571.	kruptcy case can result in find the fin	ruptcy forms? Attach Ba Declaration	ankruptcy Petition Preparer's Notice, on, and Signature (Official Form 119)

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

SIII	in this inform	nation to identify you	r easo:			
Der	otor 1	Sara Kay Johns First Name	Middle Name	Last Name		
	otor 2 ouse if, filing)	First Name	Middle Name	Last Name		
Uni	ted States Bar	nkruptcy Court for the:	EASTERN DISTRICT OF	MICHIGAN		
	se number					Check if this is an amended filing
Sta		of Financial	Affairs for Indivic			4/19
info	rmation. If m		ble. If two married people a attach a separate sheet to t stion.			
Par	t 1: Give D	etails About Your Ma	arital Status and Where You	Lived Before		
1.	What is your	current marital statu	ıs?			
	☐ Married					
	■ Not mar	ried				
2.	During the la	ast 3 years, have you	lived anywhere other than v	where you live now?		
	□ No					
		t all of the places you I	ived in the last 3 years. Do no	ot include where you live now	ı.	
	Debtor 1 Pri	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	ldress:	Dates Debtor 2 lived there
	8622 Kaltz Center Lin	e, MI 48015	From-To: Oct 2014 - Ja n 2017	☐ Same as Debtor	1	☐ Same as Debtor 1 From-To:
3. state	No Yes. Ma Explain Did you have Fill in the tota	ke sure you fill out <i>Sci</i> n the Sources of You any income from er I amount of income yo	ver live with a spouse or leg lifornia, Idaho, Louisiana, Nev medule H: Your Codebtors (Of r Income nployment or from operating u received from all jobs and a have income that you received	yada, New Mexico, Puerto R ficial Form 106H). g a business during this yeall businesses, including part	ico, Texas, Washington and \ ear or the two previous cale time activities.	Wisconsin.)
	□ No ■ Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
			■ Wages, commissions, bonuses, tips			
			☐ Operating a business		☐ Operating a business	

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address Dates of payment Total amount Amount you Was this payment for ... paid still owe

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 2

Del	btor 1 Sara Kay Johnson		Cas	se number (if known)		
7.	Within 1 year before you filed for bankrup Insiders include your relatives; any general pof which you are an officer, director, person a business you operate as a sole proprietor. alimony.	partners; relatives of any g in control, or owner of 20%	eneral partners; partners or more of their voting	erships of which yo g securities; and a	u are a general p ny managing age	partner; corporations ent, including one for
	NoYes. List all payments to an insider.					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for th	is payment
8.	Within 1 year before you filed for bankrup insider? Include payments on debts guaranteed or co		ayments or transfer a	any property on a	ccount of a deb	t that benefited an
	■ No	ŭ ,				
	Yes. List all payments to an insider Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for th	
Par	rt 4: Identify Legal Actions, Repossession	one and Foreclosures	•			
	List all such matters, including personal injurmodifications, and contract disputes. No Yes. Fill in the details.	ry cases, small cialms acti	ons, divorces, collectio	n suits, paternity a	ctions, support o	or custoay
	Case title Case number	Nature of the case	Court or agency		Status of the	case
10.	Within 1 year before you filed for bankrup Check all that apply and fill in the details below		perty repossessed, f	oreclosed, garnis	hed, attached,	seized, or levied?
	No. Go to line 11. Yes. Fill in the information below					
	Yes. Fill in the information below. Creditor Name and Address	Describe the Propert	у	Date		Value of the
		Explain what happen	ed			property
11.	Within 90 days before you filed for bankru accounts or refuse to make a payment be		•	nancial institution	, set off any am	ounts from your
	☐ Yes. Fill in the details.					
	Creditor Name and Address	Describe the action t	he creditor took	Date taken	action was	Amount
12.	Within 1 year before you filed for bankrup court-appointed receiver, a custodian, or		perty in the possess	ion of an assigne	e for the benefit	t of creditors, a
	■ No □ Yes					
Par	rt 5: List Certain Gifts and Contributions	s				
	Within 2 years before you filed for bankru		ifts with a total value	of more than \$60	0 per person?	
	NoYes. Fill in the details for each gift.					
	Gifts with a total value of more than \$600 per person	O Describe the gif	ts	Dates the g	s you gave ifts	Value
	Person to Whom You Gave the Gift and Address:					

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 3

De	Dioi i Sara Nay Johnson			Jase Hullibel	(II KIIOWII)	
14.	Within 2 years before you filed for bank ■ No □ Yes. Fill in the details for each gift or			ns with a tota	I value of more than	\$600 to any charity?
	Gifts or contributions to charities that more than \$600 Charity's Name	total	Describe what you contributed		Dates you contributed	Value
	Address (Number, Street, City, State and ZIP Cod	de)				
Pa	rt 6: List Certain Losses					
15.	Within 1 year before you filed for bankr or gambling?	uptcy	or since you filed for bankruptcy, did y	ou lose anyt	hing because of thef	t, fire, other disaster,
	■ No □ Yes. Fill in the details.					
	Describe the property you lost and	Desc	cribe any insurance coverage for the lo	oss	Date of your	Value of property
	how the loss occurred		de the amount that insurance has paid. Larance claims on line 33 of Schedule A/B:		loss	lost
			arise diaming on line of all deficacie 142.	rroporty.		
Pa	rt 7: List Certain Payments or Transfe	rs				
16.	Within 1 year before you filed for bankriconsulted about seeking bankruptcy or Include any attorneys, bankruptcy petition No	prepa	ring a bankruptcy petition?			rty to anyone you
	Yes. Fill in the details.					
	Person Who Was Paid Address Email or website address		Description and value of any prop transferred	erty	Date payment or transfer was made	Amount of payment
	Person Who Made the Payment, if Not	You	Attornov Foos		8/13/2019	\$1,200.00
	Freedom Law, PC Kennedy Building 18121 E. Eight Mile Rd., Suite 301 Eastpointe, MI 48021 info@freedomlawpc.com		Attorney Fees		0/13/2019	\$1,200.00
	Greenpath Debt Solutions 27085 Gratiot Ave #103 Roseville, MI 48066		Credit Counseling		11/30/2019	\$14.95
17.	Within 1 year before you filed for bankry promised to help you deal with your cree Do not include any payment or transfer that the No	editors	or to make payments to your creditor		r transfer any prope	rty to anyone who
	☐ Yes. Fill in the details.					
	Person Who Was Paid Address		Description and value of any prop transferred	erty	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for bank transferred in the ordinary course of yo Include both outright transfers and transfer include gifts and transfers that you have at \(\square\$ No	our bus	siness or financial affairs? e as security (such as the granting of a se			
	Yes. Fill in the details.					
	Person Who Received Transfer Address		Description and value of property transferred		any property or received or debts change	Date transfer was made
	Person's relationship to you				_	

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 4

	Person Who Received Transfer Address	Description and very property transferr		payme	ibe any property or ents received or debts n exchange	Date transfer was made
	Person's relationship to you					
	Ray Laethem Chevrolet 18001 Mack Ave. Detroit, MI 48224	2008 GMC Acad traded it in for p new vehicle		\$1,50	0.00	October 2019
	None					
19.	Within 10 years before you filed for bankrupt beneficiary? (These are often called asset-prote		y property to a s	self-settle	d trust or similar device o	of which you are a
	No No					
	Yes. Fill in the details.					
	Name of trust	Description and v	alue of the prop	erty trans	ferred	Date Transfer was made
Par	List of Certain Financial Accounts, Inst	ruments, Safe Deposit	Boxes, and Sto	rage Unit	s	
	Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or	•				
	houses, pension funds, cooperatives, associ No				,	
	Yes. Fill in the details.					
	Name of Financial Institution and	Loct 4 digito of	Type of second	nt or	Date account was	l act balance
		Last 4 digits of account number	Type of accourtinstrument	nt or	closed, sold, moved, or transferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 ye cash, or other valuables?	ear before you filed for	bankruptcy, any	y safe dep	oosit box or other deposi	tory for securities,
	■ No					
	☐ Yes. Fill in the details.					
		Who also had see	4- :40	Dagarika	the contoute	Da atill
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, State and ZIP Code)		Describe	the contents	Do you still have it?
22.	Have you stored property in a storage unit or	place other than your	home within 1 y	year befor	e you filed for bankrupto	y?
	■ No					
	Yes. Fill in the details.					
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, State and ZIP Code)		Describe 1	the contents	Do you still have it?
Par	9: Identify Property You Hold or Control for	or Someone Else				
	Do you hold or control any property that som for someone.	neone else owns? Inclu	ude any property	y you borr	owed from, are storing f	or, or hold in trust
	■ No □ Yes. Fill in the details.					
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S		Describe	the property	Value
		Code)				
Par	t 10: Give Details About Environmental Infor	mation				

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? ☐ Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and know it Address (Number, Street, City, State and ZIP Code) ZIP Code) 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Yes. Fill in the details. **Case Title** Court or agency Nature of the case Status of the **Case Number** Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ■ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number** Address Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial

Part 12: Sign Below

Name

Address

institutions, creditors, or other parties.

☐ Yes. Fill in the details below.

(Number, Street, City, State and ZIP Code)

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy page 6

Date Issued

Debto	Sara Kay Johnson	Case number (if known)
with a		ng a false statement, concealing property, or obtaining money or property by fraud in connection to \$250,000, or imprisonment for up to 20 years, or both.
/s/ Sa	ıra Kay Johnson	
	Kay Johnson ture of Debtor 1	Signature of Debtor 2
Date	November 30, 2019	Date
Did yo	u attach additional pages to Your Stat	ement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
■ No		
□ Yes		
Did yo	u pay or agree to pay someone who is	not an attorney to help you fill out bankruptcy forms?
No		

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

United States Bankruptcy Court Eastern District of Michigan

In re	Sara k	(ay Johnson			Cas	e No.		
				Debtor(s)	Cha	pter 7		
				OF ATTORNEY FOR I				
	TD1		·	T TO F.R.BANKR.P. 2	<u>2016(b)</u>			
		-	to F.R.Bankr.P. 2016(b), sta					
l.		_	rney for the Debtor(s) in thi					
2.			agreed to be paid by the Deb	otor(s) to the undersigned	d is: [Check one]			
	[X] A.	FLAT FEE	es rendered in contemplation	n of and in connection w	ith this case			
	A.		filing fee paid			1,200.00		
	B.	Prior to filing th	is statement, received			1,200.00		
	C.	_	nce due and payable is		—			
	[]	RETAINER			_			
	A.	Amount of retain	ner received					
	В.	The undersigned agreed to pay all	I shall bill against the retained Court approved fees and ex	er at an hourly rate of \$_xpenses exceeding the ar	[Or attach fi mount of the retain	rm hourly rate sched er.	ule.] Debtor(s) have	
3.	\$ <u>0.0</u>	of the filing fe	e has been paid.					
1.		In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: [Cross out any that do not apply.]						
	A.	Analysis of the d bankruptcy;	ebtor's financial situation, a	nd rendering advice to the	ne debtor in determ	ining whether to file	a petition in	
	B.	Preparation and f	filing of any petition, schedu					
	C. D.		f the debtor at the meeting of the debtor in adversary pro				gs thereof;	
	E.	Reaffirmations;	i the debtor in adversary pre	secentings and other cont	ested bankruptey in	nations,		
	F. G.	Redemptions; Other:						
	G.	Negotiations v reaffirmation a	vith secured creditors to greements and applicat avoidance of liens on h	tions as needed; pre	alue; exemption paration and fili	planning; prepara ng of motions pur	ation and filing of suant to 11 USC	
5.	By agre	Representation	tor(s), the above-disclosed f n of the debtors in any o other adversary procee	dischargeability action			f from stay	
5.	The sou	arce of payments to	the undersigned was from:					
	A. B.	_XX	Debtor(s)' earnings, wages Other (describe, including		ces performed			
7.	The undersigned has not shared or agreed to share, with any other person, other than with members of the undersigned's law firm or corporation, any compensation paid or to be paid except as follows:							
Dated:	November 30, 2019				/s/ Charissa Potts			
					Eastpointe, MI	s (P73247) PC ling Mile Rd., Suite 30		
Agreed:		ara Kay Johnson	<u> </u>					
		Kay Johnson		_	Dobte:			
	Debte	OI			Debtor			

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation	
\$245	filing fee	
\$75	administrative fee	
+ \$15	trustee surcharge	
\$335	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court Eastern District of Michigan

In re	Sara Kay Johnson		Case No.	Case No.	
		Debtor(s)	Chapter 7		
	VERI	FICATION OF CREDITOR	MATRIX		
The ab	ove-named Debtor hereby verifies t	that the attached list of creditors is true and	correct to the best of his/her l	knowledge.	
Date:	November 30, 2019	/s/ Sara Kay Johnson			
		Sara Kay Johnson			
		Signature of Debtor			

State of Michigan Office of Collections PO Box 30199 Lansing, MI 48909

Internal Revenue Service Centralized Insolvency Operation P.O. Box 7346 Philadelphia, PA 19101-7346

United States Attorney General U.S. Department of Justice 950 Pennsylvania Ave. N.W. Washington, DC 20530

U.S. Attorney 211 W. Fort Street, Suite 2001 Detroit, MI 48226

32A District Court 19617 Harper Ave. Harper Woods, MI 48225

ADT Security Services P.O. Box 371490 Pittsburgh, PA 15250

Advance America 3440 E. Jefferson Ave. Detroit, MI 48207

Akron Billing Center 3585 Ridge Park Dr. Akron, OH 44333

Allied Cash Advance P.O. Box 4115 Dept 282 Concord, CA 94524

Allied Interstate 7525 W. Campus Rd. New Albany, OH 43054 AMCOL Systems, Inc. Attn: Bankruptcy Po Box 21625 Columbia, SC 29221

Art Van 6500 E 14 Mile Rd. Warren, MI 48092

AT&T P.O. Box 5014 Carol Stream, IL 60197

Bank of America P.O. Box 15019 Wilmington, DE 19886

Caine & Weiner Attn: Bankruptcy 5805 Sepulveda Blvd Sherman Oaks, CA 91411

Cbcs Attn: Bankruptcy Po Box 2334 Columbus, OH 43216

Celco Ltd 1140 Terex Rd Hudson, OH 44236

Checksmart 6785 Bobcat Way Ste 200 Dublin, OH 43016

Chemical Bank 14801 E 12 Mile Rd Warren, MI 48088

ChexSystems
Customer Relations
7805 Hudson Rd.
Ste 100
Saint Paul, MN 55125

Children's Hospital 3901 Beaubien Street 4c19 Detroit, MI 48201

Cleary University 8904 Woodward Ave Detroit, MI 48202

Comcast P.O. Box 3006 Southeastern, PA 19398-3006

Consumer Energy 35350 Kelly Road Clinton Township, MI 48035

Credit Acceptance 25505 West 12 Mile Rd Suite 3000 Southfield, MI 48034

Credit Management, LP Attn: Bankruptcy Po Box 118288 Carrollton, TX 75011

Debt Recovery Solution Attn: Bankruptcy 6800 Jericho Turnpike Suite 113e Syosset, NY 11791

Detroit Medical Center 3663 Woodward Ave. Suite 200 Detroit, MI 48201

Diversified Members CU Attn: Bankruptcy 1480 E. Jefferson Ave. Detroit, MI 48207

Dr. L. Reynolds Assoc 24500 Northwestern Hwy Southfield, MI 48075

Eastside Gynecology 29751 Little Mack Ave. #B Roseville, MI 48066

Emergency Department Physician 3585 Ridge Park Dr. Akron, OH 44333

Enhanced Recovery 8014 Bayberry Road Jacksonville, FL 32256

First Independance Bank 7310 Woodward Ave, Ste 101 Detroit, MI 48202

Global Lending Services 1200 Brookfield Blvd. #300 Greenville, SC 29607

GMAC P.O. Box 130424 Saint Paul, MN 55113

Harper-Hutzel Hospital Department 5311 Carol Stream, IL 60122-5311

Holzman Law, PLLC 28366 Franklin Rd. Southfield, MI 48034

IRS
P.O. Box 7346
Philadelphia, PA 19101

JJ Marshall & Associates P.O. Box 182190 Shelby Twp, MI 48318

Linoln Automotive Financial Services Attn: Bankruptcy Po Box 542000 Omaha, NE 68154 Med Business Bureau Attn: Bankruptcy 1460 Renaissance Dr #400 Park Ridge, IL 60068

Merchants & Medical Credit Corp Attn: Bankruptcy 6324 Taylor Drive Flint, MI 48507

Mich 1st Cu 27000 Evergreen Rd Lathrup Village, MI 48076

Michigan Department of Treasury Dept. 77437 PO Box 77000 Detroit, MI 48277

Mid-Michigan Collection Bureau Attn: Bankruptcy Po Box 130 Saint Johns, MI 49204

Navient P.O. Box 9500 Wilkes Barre, PA 18773

Oakwood Heritage Hospital 10000 Telegraph Road Taylor, MI 48180

Observation Emergency Physicians Akron Billing Center 3585 Ridge Park Dr. Akron, OH 44333

Progressive Insurance 6300 Wilson Mills Rd. Cleveland, OH 44143

Radius Global Solutions PO Box 390905 Minneapolis, MN 55439 Receivables Management Partners (RMP) Attn: Bankruptcy Po Box 13129 Lansing, MI 48901

SchoolCraft College 1751 Radcliff St. Garden City, MI 48135

Southwest Credit Systems 4120 International Parkway Suite 1100 Carrollton, TX 75007

St. John Anesthesiologists P.O. Box 67000 Dept 227601 Detroit, MI 48267

St. John Hospital 28000 Dequindre Road Warren, MI 48092

US Dept of Education Attn: Bankruptcy Po Box 16448 Saint Paul, MN 55116

Uscb Corporation Attn: Bankruptcy Po Box 75 Archbald, PA 18403

USDOE/GLELSI Attn: Bankruptcy Po Box 7860 Madison, WI 53707

WOW Internet Cable Service 4200 International Pkwy Carrollton, TX 75007